PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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: Examiner: Dang D. Le
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: Group Art Unit: 2834
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: Confirmation No.: 2844
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:
) April 25, 2005

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AMENDMENT

Sir:

In response to the Office Action mailed March 3, 2005, the Examiner is

respectfully requested to consider and enter the following amendments:

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 200.	5 (H R 4818)	Analiantian Number		10/735.660	nown		
FEE TRANSMITTA					December 16, 2003		
For FY 2005		Filing Date December 16, First Named Inventor CHIKARA AO					
	-			Dang D. Le		 -	
I Applicant claims small entity status. See 37 C.F.R. 1.27			2834				
TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 03500.017781							
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Credit any overpayments							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEE							
Application Type Fee (\$) Fee (\$)	Fee (\$)	Emall Entity Fee(\$)	Fee(\$	Small Entity (i) Fee(\$)	<u>Fe</u>	ees Paid (\$)	
Utility 300 150	500	250	200		_		
Design 200 100 Plant 200 100	100 300	50 150	130 160				
Reissue 300 150	500	250	600		_		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee(\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$)							
SUBMITTED BY	11						
Signature /////	nl	Registrati (Attorney		0,110	Telephor 202-530-		
Name (Print/Type) Lawrence A. Stahl		- · 			Date: Ap	oril 25, 2005	